



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Pau Frank

Address:

20 Phelps Rd Old Aethan NY 12126

Telephone:

392-6230

Date:

4/23/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

East Chatham on Rt 295 when arriving to house from NYC.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: East Chatham Post office is soulless. The OC post office helps to establish our community.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham
- ☒ Personal needs Chatham
- ☒ Banking NYC
- ☒ Employment NYC
- ☐ Social needs all over Columbia County.

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Nina Lannan

Address: P.O. Box 61 Old Chatham NY 12136

Telephone: ~~768~~ 518-794-7287

Date: 4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Several po in the area and things are close.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham, Albany, Mass.
- ☒ Personal needs Chatham, Old Chatham, All over
- ☒ Banking Chatham
- ☒ Employment Old Chatham
- ☒ Social needs All over

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

MacFarlane

Address:

39 Perry Hill Rd Old Chatham NY 12136

Telephone:

518 392 5603

Date:

4-23-1

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

* Having to change mailing address is a hassle.
Have business and personal mail delivery.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Chatham, E. Chatham & Canaan are on our way during errands



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

E. Greenbush, MA, Hudson

☒ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Deborah and Michael Hart

Address:

121 Upper Cady Rd

Telephone:

Old Chatham NY 12136 (518) 392 6528

Date:

4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Address:

Ms. Abby R. Kleinbaum
763 County Route 13
Old Chatham, NY 12136

Telephone:

Date:

518 794-8703

4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

East Chatham



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Helen Decker

Address: 754 Rock City Rd lot 6 Old Chatham NY 12136

Telephone: 518-392-6132

Date: 4-25-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I am concerned that our mail carrier
(Dave) will lose his job. Would he still
stay on if the change went into effect?

DOCKET NO. 1376004-12136

ITEM NO. 22

PAGE 202



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

As it is now, we are 1.5 miles from O. Chatham PO and mail doesn't come till 3:30 so we pick up from the P.O. now, so we can make bank deposit each day before the bank closes @ 4pm.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☒ Banking Chatham

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Old Chatham Sheepherding Co.

Address: 155 Shaker Museum Rd Old Chatham ny 12136

Telephone: 518 794 7726 x11

Date: 4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

If you can guarantee our mail will be delivered by NOON each day,
I am all for the switch!



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
---	-----------------------------

If yes, please explain:

East Chatham and Middle Chatham



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

Refined

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Bonita & Robert Loyche

Address:

683 Rock City Rd. Old Chatham NJ 12136

Telephone:

518 392-2243

Date:

4/25/10

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

East Chatham Post office when going to the store



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Rebecca Bigelow

Address:

259 Dorkand Rd Old Chatham NY 12136

Telephone:

Date:

4/24/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>and/or</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/> <i>sometimes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/> <i>sometimes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Amy White

Address:

638 Pitt Hall Rd, Old Chatham

Telephone:

794-9212

Date:

April 22, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

NOT PASS BUT NEARBY

☒ YES ☐ NO

If yes, please explain:

One loss will be ability to identify & delivered poorly addressed mail

As govt gets agency gets more distant it is more impersonal & runs less for customers convenience & more for convenience of the agency.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

JOHN HANNA JR

Address:

23 WHITE BRIDGE RD

Telephone:

518-794-7673

Date:

April 25 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

Where they are

available Albany / East Berlin
↓ Lenoir, MA

5. Do you currently use local businesses in the community?



Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes

☐ No

Name:

Maureen P. Angerame

Address:

436 Ford Road, Old Chatham, NY 12136

Telephone:

(518) 766-5853

Date:

April 22, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

E. Chatham - (3 mi)



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Address:

Telephone:



Wood Hill Veterinary Clinic

650 Route 295 • Old Chatham, NY 12136

392-6224

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Malden Bridge NY



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

CHATHAM / Kinderhook NY

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

M. L. BARKER

Address:

505 SHAWER MULEN RD 12136

Telephone:

Date:

8/27/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I'm a retiree: My daily routes are never the same from one day to the next. I travel beyond Old Chatham in various directions most days.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Chatham/Valetie/Malden Bridge/Hudson/Albany.



Personal needs

Ditto



Banking

Chatham/Valetie



Employment

I'm retired



Social needs

Same as shopping

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Diane Serber

Address:

4 Coffey Rd, Old Chatham, 12136

Telephone:

518/392-4380

Date:

4/26/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Additional comments:
I am a member of the Chatham County Historical Society and I am interested in the history of the area. I would like to see the Post Office building restored and used as a museum or community center. I would also like to see the Post Office building used as a community center for the elderly. I would like to see the Post Office building used as a community center for the elderly.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*Chatham or Ghent NY
can be on way to
work - depends on
schedule.*



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☐ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

C. Bobseine + J. Wagner

Address:

231 Thomas Rd. Old Chatham NY 12136

Telephone:

392-3639

Date:

4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

I could go by way of East Chatham, but it's out of my way



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham
- ☒ Personal needs Chatham
- ☒ Banking Chatham
- ☐ Employment home
- ☒ Social needs Western Massachusetts

5. Do you currently use local businesses in the community?

☒ Yes ☐ No There aren't many

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Bettina VanDerWater

Address: 5413 County Route 13

Telephone: Old Chatham, NY 12136
518 794-0716

Date: 4-26-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

EAST CHATHAM



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: I LIVE NEAR THE CURRENT PO

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping GO TO CHATHAM
☒ Personal needs "
☒ Banking "
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: NARROW METH

Address: 477 RIDERS MILLS RD, OLD CHATHAM

Telephone: 518 794 0062

Date: 4/27/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*Very helpful post office employees
at this branch. Sorry to see it closing.*



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

MaryAnn Herbster Feldstein

Address:

PO Box 43 Old Chatham, NY 12136

Telephone:

518 794 9348

Date:

April 28 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Have someone do it for me
- ☒ Personal needs Doctors only
- ☐ Banking mail
- ☐ Employment Retired
- ☐ Social needs Church in wheel chair, 88 yrs old

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Wynne B. Behrens

Address: 426 Highland Rd Odessa, N.Y.

Telephone: 392-5183

Date: May 1, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I rely on post office very seldomly!
on postal delivery of mail at 426 Highland
Rd as I am housebound — so a delivery is
important to me whether from another P.O.
or not. Living here 70 years Thank You



DOCKET NO. _____
ITEM NO. _____
PAGE _____

04/22/2011

POSTAL CUSTOMER
OLD CHATHAM POST OFFICE
OLD CHATHAM, NY 12136

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the Old Chatham Post Office retired on 08/02/2008. The Office is being studied for possible closing or consolidation for the following reasons: Office is currently vacant; management initiated study to determine if regular and effective service can be provided through alternate means. East Chatham Post Office is 3 miles away.

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by rural route service emanating from the East Chatham Post Office.

We estimate that carrier service would cost the Postal Service substantially less than maintaining the Post Office in your community and still provide regular and effective service. Enclosed is information about some of the services available from the carrier. Retail services are also available at the East Chatham Post Office, located 3.0 miles away. Hours of service at this office are 09:30 to 12:00 and 13:15 to 17:00, Monday through Friday, and 09:30 to 11:00 on Saturday. Post Office box service is available at this location at the same fees.

Rather be included in Chatham P.O.
I invite you to think about a possible change to rural route service. Please return the enclosed questionnaire by 05/03/2011 using the pre-addressed envelope provided or at the community meeting. *as we stop there*

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the Chatham Town Hall, 488 Route 295, Chatham, NY 12037 on Tuesday, May 03, 2011 from 5:30 pm to 6:30 pm to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

If you have any questions, you may call Nadine Tremblay at (518) 452-4085.

Thank you for your assistance.

Sincerely,

ERIC TIEMANN
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992

Enclosures:

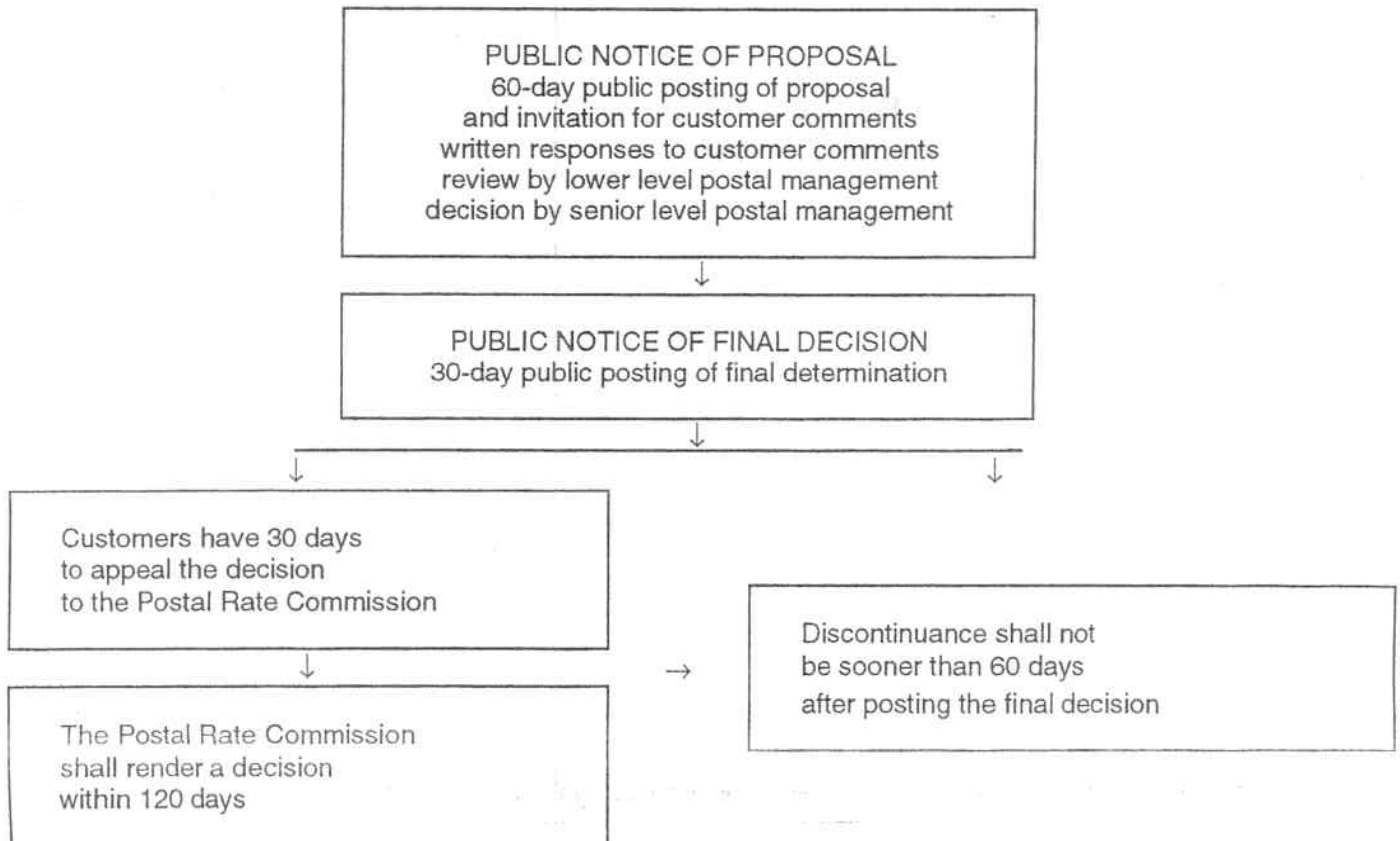
Questionnaire and return envelope Summary of Post Office Change Regulations,
Carrier delivery information CBU information sheet (when appropriate)

SUMMARY OF POST OFFICE CHANGE REGULATIONS

Certain regulations based on federal law apply when postal managers propose to replace a post office with an alternate form of postal service. These regulations are designed to ensure that the reasons for proposing such changes in postal service are fully disclosed at a stage when customers can make helpful contributions toward a final decision. The full text of the statutory regulations appears in Title 39, United States Code, Section 404(b), while the implementing regulations appear in Title 39, Code of Federal Regulations, Part 241.3.

An initial investigation and any subsequent formal proposal to discontinue a post office originate with postal field managers responsible for post offices in that area. The proposal must explain the services recommended as substitutes and the rationale that supports this recommendation. The written proposal is prominently posted for 60 days at affected post offices, along with an "Invitation for Comments," which formally invites customer comments. At the end of the 60-day comment period, additional review is made at lower and upper levels of postal management.

When a final decision is made at Postal Headquarters in Washington, DC, that decision is posted in affected post offices for 30 days, during which customers may appeal the decision to the Postal Rate Commission in Washington, DC. The Postal Rate Commission has 120 days to consider and decide an appeal. Even without an appeal, no post office may be closed sooner than 60 days after the public posting of the final decision.





Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

E Chatham - for now.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: I WANT my PO Box to remain w/in
WALKING distance.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: _____

Address: _____

Telephone: _____

Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I would be concerned if office closed. For example
1) What would elderly who live w/in walking distance do?
2) What if I do not want to drive 10 mi to get my mail?
I d/c'd mailbox on Route because of upkeep.
Have you ever thought of A centrally located outdoor group
of boxes/stamp machine or select open house? With an open sided
like structure they/boxes would be mostly protected from
elements with less maintenance needed. *partial*



Postal Service Customer Questionnaire

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Postal Services

	Daily	Weekly	Monthly	Never
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b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

Destination within walking distance

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*Nassau, not East Chatham
are en route for appointments, shopping.*



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham, East Greenbush, Albany, Pittsfield
- ☒ Personal needs Chatham, East Greenbush, Pittsfield
- ☒ Banking Chatham
- ☐ Employment Retired
- ☒ Social needs Chatham, Albany

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Christa LORDI

Address:

86 Engel Road, Old Chatham 12136

Telephone:

518-794-8618

Date:

April 29, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*A new zip code would be an inconvenience,
requiring address change.*



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☒ NO

If yes, please explain:

WE ARE SENIOR CITIZENS AND THE ADDITIONAL TRAVEL ESPECIALLY IN WINTER WOULD BE OF CONCERN!

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

NOT ON A DAILY BASIS



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

NA Since A Comparison
would Be difficult

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

NOT AS MUCH!

Name:

William Kirtsos

Address:

P.O Box 131 Old Chatham NY 12136-0131

Telephone:

518 794 8453

Date:

5/3/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

various towns

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

R. Linville

Address:

1251 Rte 13, Old Chatham, NY., 12136

Telephone:

518-794-5218

Date:

4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

DONNA ROSS

Address:

302 ALBANY TRAIL OLD CHATHAM

Telephone:

518 392 0600

Date:

5/1/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I want to continue to have
a neighborhood post office
and an "Old Clarkam"
postmark. My tapes are
higher because this is
Old Clarkam and I
want that distinction.
I do not drive towards
East Clarkam and do
not want that postmark
or zip code.

D. Ross



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Robert Richardson

Address: 32 Rock City Rd

Telephone: 518 392-5896

Date: May 2, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Keep this post office open. And staff it with a postmaster.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

I am a Senior Citizen

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from ~~work~~, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:

Sometimes, if and when I go to Chatham.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

Will I have a box at East Chatham?
I certainly would not receive my mail as often

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Valatie, sometimes Chatham or Hudson
☐ Personal needs
☒ Banking Valatie
☐ Employment
☒ Social needs Old Chatham¹, Valatie², Chatham³, Millbrook⁴ NY

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No I hope so

Name:

Mrs. June Maytore

Address:

P.O. Box 5, Old Chatham, NY 12136

Telephone:

518 794 - 7656

Date:

April 29, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

When I first moved to Old Chatham from Millbrook (16 yrs ago) I had carrier delivery (box in front of my house). Twice during the first 6 months my box was "moved down" by either a car or truck over night. At the time I worked in Albany and did not have time in the morning to fix the situation before leaving to my office — causing chaos to mail delivery. Thereafter, I chose to rent a Post Office box for mail safety. What would I do with this alternative!



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- | | | |
|----------------------------------|---|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Using for school bus stop | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- | | | |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

As a location for meeting & dining

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

Much worse - We run a business from this post office. Changing post office will cost us a lot of money.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

New York City for clothes; rest local

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

it would be a disaster

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Dr. William B. Etnicke

Address:

76 Phelps Road

Telephone:

518-392-6471

Date:

May 1, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Our local carrier and office staff know us and our businesses. We are known all over the world at this address. We will contact our US Senator, Congressman, and the NY Governor to oppose this action. This action would save no money and cost us a lot.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop *no children* ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

meeting neighbors

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

Much not convenient @ all
Worse

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

Old Chatham

☐ Personal needs

Old Chatham

☐ Banking

Chatham

☐ Employment

Old Chatham

☒ Social needs

Doctors in NYC

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

every day!

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

no reason to make a separate
trip as I go to the PO
every day + even shop, eat etc

Name: Karen A. Murphy

Address:

76 Phelps Road Old Chatham NY 12136
PO BOX 55

Telephone:

518 392 6471

Date:

4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

This historic village has had a
center which consists of three
venues: a general store, a Post
office and a Bar/restaurant.
To eliminate the Post office
would destroy the center,
the identity of Old Chatham,
& its historical significance to NY State.
Please



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

my wife is disabled, I'm 80.

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

We travel as seldom as possible.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping East Greenbush or North Greenbush
- ☒ Personal needs Albany
- ☒ Banking Valatie
- ☐ Employment (Retired)
- ☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

James A Carter & Dorothy J. Carter

Address:

71 Howes Rd, Old Chatham, NY 12136-2800

Telephone:

(518) 766-5477

Date:

May 3, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

It would be about 5 miles to get to
East Chatham post office. Ten miles round trip.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

East Chatham



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

occasionally

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

East Chatham, Chatham Shet



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham Hudson Albany Pittsfield
- ☒ Personal needs " " "
- ☒ Banking Chatham
- ☐ Employment
- ☒ Social needs Chatham Valatie Albany Hudson

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Elizabeth Macfarlane

Address:

78 Percy Hill Rd Old Chatham

Telephone:

518 392 4085

Date:

4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I pass the East Chatham Post office on my way to work,
but I prefer to use the Old Chatham Post office.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping East Greenbush, Albany

☐ Personal needs

☒ Banking Chatham, Nassau

☒ Employment Craryville

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Sharon L Colabelli

Address: 3 Thorne Road, old Chatham, ny 12136

Telephone: 518-794-0181

Date: 5/1/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

Doctor Visits

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Molly I Browne

Address:

*17 Depot Lane
PO Box 24*

Telephone:

Date:

4/28/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I am an 88 year old disabled widow. I depend on someone else to go to the Post Office for me. It is so near my home this is not a problem. In the 1940's the Post Office was located in what is now my home. Old Chatham has always been the Postal hub for the area. I can't believe it should ever be changed. A new location maybe, but not eliminated.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

- | | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- d. Using public bulletin board

☐ YES ☒ NO

- e. Other

☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☒ NO

If yes, please explain:

Sometimes past Brainard + Nassau post offices

266



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Albany, Chatham, Nassau

☒ Personal needs " " "

☒ Banking Albany Chatham

☒ Employment One of us is retired - other works in E. Greenbush

☒ Social needs all over?

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Jim Monsonis / Lenore Gensburg

Address:

1518 County Route 13

Telephone:

518 794 8601

Date:

4/29/01

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

April 25, 2011

PO Box 205
1518 County Route 13
Old Chatham, NY 12136

DOCKET NO. 1376004-12436
ITEM NO. 22
PAGE 267

Dear Mr. Tiemann,

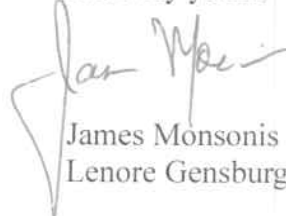
We are writing in response to your invitation for input into the possibility of closing the Old Chatham post office. Usually such invitations are purely ritual, the decision having already been made, but we are taking you at your word that you would like to solicit opinions and that nothing is final.

As you will note from the above heading, we have a box at this post office, and live on route 13 about 3.5 miles north, towards route 20. Closing the office would be really inconvenient for us. We took out a box because in years past we had an emotionally disturbed neighbor who would destroy property and we did not trust a mailbox to be safe. To shift to a box in East Chatham would not work for us—we rarely go in that direction and it would mean six or more miles just to get the mail. We could perhaps relocate to a box in Brainard, if they have boxes there, but we understand that the hours are very limited there and that doesn't fit with our routine at all. So we guess we would put up a mailbox, trusting our neighbors but, note, in the process just adding another load to an already very busy route carrier.

We like the Old Chatham post office. If you know the community, you know that there are only three commercial/public places in the village center, and the post office is an integral part of what holds this place together. We see old (and new) friends there all the time, and losing the post office would be a step towards the disintegration of the village and merger into mass society. East Chatham is not a substitute. It cannot work for us.

Perhaps in purely economic terms it might make sense to close it, but life is never a matter of purely economic considerations. This would be a bad move in every other way. We would be very unhappy to see this happen.

Sincerely yours,


James Monsonis
Lenore Gensburg



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

self employed at farm

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

But less frequently

Stop at the Old Chatham
Country Store when going to
P.O.

Name: Stephen McCarthy

Address: 434 Route 13 Old Chatham

Telephone: 518 794 6294

Date: 4/23/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I own and operate, at my farm, a small business that utilizes the Old Chatham Post Office a lot during my busy season (December) to mail packages, as well as at other times of the year. I understand the need to reduce costs and close Post Offices, but it would make more sense to me to close offices like Malden Bridge, North Chatham, Brainard which are never as busy as I see the Old Chatham one. If OCPO closes, I would likely switch to UPS for my shipping needs.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
---	-----------------------------

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?

☐ Yes

☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

Herbert + Susan Roleke

Address:

224 HUNT CLUB Rd PO Box 217

Telephone:

518 7940510

Date:

4/29/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders - <i>once in a great while</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

We have several senior citizens in Old Chatham

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Chatham or Valatie or East Greenbush
- ☒ Personal needs Chatham or Valatie or East Greenbush
- ☒ Banking Chatham or Valatie
- ☐ Employment Unemployed - on disability
- ☒ Social needs Chatham, New Lebanon & Pittsfield, Ma.

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Kathleen A. (Kitty) Curtis

Address: P.O. Box 17 (17 First St), 811 Chatham, N.Y. 12136

Telephone: 518-794-7405

Date: April 28, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

MUCH LESS CONVENIENT DUE TO DISTANCE
AND LACK OF PUBLIC TRANSPORT

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DAVID DE WEESE & ANNE HELLER

Address:

87 ASHLEY HILL ROAD, NR. OLD CHATHAM, NY 12136

Telephone:

(518) 794 - 0488 OR (917) 868 - 1606

Date:

APRIL 29, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

OR:

P.O. BOX 168, OLD CHATHAM, NY 12136



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>occasional</i>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Malden Bridge Post office 12/15

I currently have rural delivery out of old Chatham, but moved not mind if delivery was changed to East Chatham or Malden Bridge



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

*I will have to go out of my way to get my mail
in a direction I take perhaps once a month.*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

East Greenbush or Chatham



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: *Ernestine S. Pantel DrPH*

Address: *P.O. Box 156 Old Chatham NY 12136*

Telephone: *518-794-9892*

Date: *4/29/2011*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

N/A
If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Janet Kain

Address:

Po Box 11, Old Chatham

Telephone:

917 709 8124

Date:

4/27/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I am very distressed — I just purchased \$400 worth of business stationery, bus. cards with my address on it — would have to notify all of my clients of change of address; less convenient to go to E. Chatham.

Please Don't Close this office!!!



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>on occasion</i>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>on occasion</i>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

We sometimes retrieve mail from a P.O. box for our grandmother.

- d. Using public bulletin board ☒ YES ☐ NO *I read it.*
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Not daily. The Old Chatham post office is preferable for us. we like the service provided there.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	various places
<input checked="" type="checkbox"/>	Personal needs	various places
<input checked="" type="checkbox"/>	Banking	various places
<input checked="" type="checkbox"/>	Employment	Colonie, NY & others
<input checked="" type="checkbox"/>	Social needs	various places

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Jeremy & Bonnie Droune

Address:

202 Albany Turnpike

Telephone:

518. 392. 5302

Date:

5/2/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

5/2/11

DOCKET NO. 1376004-12136
ITEM NO. 22
PAGE 284

To whom it may concern:

We request that you reconsider your option to remove the existing post office in Old Chatham, NY. My husband and I have enjoyed doing business there for years, one of us for a lifetime. We feel that removing the post office from our town has the potential to decrease the quality of service provided for many of our local patrons, particularly those who live in the direct vicinity of the post office. Along with us, we have friends and family who this change will affect. Some children we know use it as a bus stop. Several elderly people we know have P.O. Boxes there. Some of them get their exercise by walking to the post office.

Our town attracts people from many areas including an increasing population of those moving from NYC, both full and part-time residents. Much of their attraction to the area is the quaint charm of the region, which includes our small town post offices.

Going to the post office can be a chance to see old friends and make new ones, to enjoy the area we know and enjoy. To eliminate the Old Chatham post office would be loss of a piece of history and one of the things that makes our town great. On behalf of all that it would affect, please reconsider your option to remove it.

Thank you for your consideration.

Sincerely,

Bonnie Drowne
202 Albany Turnpike
Old Chatham, NY 12136
518.392.5302



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping EAST GREENBUSH
- ☐ Personal needs
- ☒ Banking NASSAU
- ☒ Employment MENARDS 9 AM - 6 PM WORK HRS.
- ☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: MICHELLE BORNHORST

Address: P.O. Box 51 OLD CHATHAM NY 12136

Telephone: 794 9726

Date: 8/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Krista Speed

Address:

Po Box 48 Old Chatham 12136

Telephone:

518-965-0477

Date:

5/2/10

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☐ YES ☒ NO

If yes, please explain:

things for my synagogue

occasionally post

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:

sometimes



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

There will be some improvement but in other ways it might be more convenient

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

My husband and I are both handicapped. I do drive although I use a walker. I have just recently started going out on my own. We have full time help in our house

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

JANET & GEORGE CARTY

Address:

PO BOX 112, QD CHATHAM, NY 12136

Telephone:

518-794-7379

Date:

4-26-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO
- If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes ☐ No

Name:

Adelle Kleinman - Levine

Address:

219 Haddock Hill Road

Telephone:

917-439-8825

Date:

4-21-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

MY P.O. BOX IS THE ADDRESS USED BY MANY GOVERNMENT AGENCIES FOR LEGAL NOTICES FOR

- d. Using public bulletin board ☐ YES ☒ NO

MANY CLIENTS

- e. Other ☒ YES ☐ NO

If yes, please explain:

MY P.O. BOX IS THE ADDRESS USED BY MANY GOVERNMENT AGENCIES FOR LEGAL NOTICES TO MANY CLIENTS

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: I HAVE A PO BOX ADDRESS FOR MY LAW PRACTICE SO THAT IF I MOVE IT WON'T AFFECT LEGAL NOTICES BEING DELIVERED OR OLD CLIENTS BEING ABLE TO LOCATE ME. A NEW ADDRESS WOULD COST ME THOUSANDS OF DOLLARS TO AMEND LEGAL DOCUMENTS ON FILE WITH GOVT AGENCIES IN FILING FEES.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping ALBANY

☒ Personal needs NEARBY VILLAGES

☒ Banking CHATHAM

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: SCOTT P. LUNGSTREET, ESQ.

Address: PO BOX 142 OLD CHATHAM, NY 12136

Telephone: 518-766-5959

Date: 5-1-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I WOULD NOT CARE IF THIS OFFICE IS CLOSED AS LONG AS MY PO BOX # AND MAILING ADDRESS DID NOT CHANGE. AS A LAWYER I NEED AND GOT WHAT I THOUGHT WAS A PERMANENT ADDRESS (A P.O. BOX). THE COST TO CHANGE MY ADDRESS IN FILED GOVERNMENT DOCUMENTS WOULD BE THOUSANDS OF DOLLARS AND THE CONSEQUENCES OF A MISDELIVERED GOVT NOTICE OR AN OLD CLIENT NOT BEING ABLE TO FIND + REACH ME COULD BE CATASTROPHIC.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail → <u>most important!</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:

Sometimes we do but it would be
out of our way every day.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

We would have to travel much further
to get our mail on a daily Basis.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

James & Judith Matthews

Address:

Po Box 33 Old Chatham NY 12136

Telephone:

518-794-8577

Date:

5/1/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Current Post office is 2 miles away. If you move
it to East Chatham it will be 5 miles away.
Would you add home delivery to houses not currently
getting it, if you close our Post office? We
would like it to stay open!



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	Chatham, Valatie, Pittsfield
<input type="checkbox"/>	Personal needs	" " "
<input type="checkbox"/>	Banking	Pittsfield
<input type="checkbox"/>	Employment	NA
<input type="checkbox"/>	Social needs	Albany, Hudson, Pittsfield.

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Lisbeth OConnell + Mark Hubley

Address: 10 Seven BRIDGES Rd. 12136

Telephone: 518-794-0072

Date: 4/29/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
---	-----------------------------

If yes, please explain:

Chatham, Valuable



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

Valatie or Chatham

☐ Personal needs

☐ Banking

Valatie or Chatham

☐ Employment

Columbia County

☐ Social needs

Columbia County

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Barbara & Burton Pulver

Address:

754 Rock City Ln. Lot 11

Telephone:

392-0842

Date:

May 1, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Town of Chatham



Personal needs

Town of Chatham



Banking

Town of Chatham



Employment

Town of Chatham



Social needs

TOWN of Chatham

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Mr + Mrs James Calvey

Address:

886 Rte 13 Old Chatham

Telephone:

518-794-7341

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

DUE TO RISING GAS PRICES
HAVING TO DRIVE TO EAST CHATHAM
WILL BE A MAJOR INCONVENIENCE + WILL
WASTE A LOT OF GAS



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

EAST CHATHAM AND BERKSHIRE COUNTY LOCATIONS



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I often pass the E. Chatham and Chatham P.O.'s



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☐ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Martin Zaretsky

Address: 239 County Rt 13 Old Chatham 12136

Telephone: _____

Date: 5/4/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Depending on direction traveled, we sometimes pass another PO.



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping - varies depending on needs
☒ Personal needs - " " " "
☒ Banking Nassau, Chatham, East Greenbush
☐ Employment retired - not working
☒ Social needs - varies

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Charles and Donna French

Address:

880 Albany Turnpike, Old Chatham, NY 12136

Telephone:

518-794-8477

Date:

May 2, 2011

See below

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

We are very concerned that we might have to change our address to East Chatham - we live in Old Chatham and want to keep that - plus we do not want to go through the hassle of address changes. Even if assured now that we don't have to change our address, we would worry of a policy change on this in the future. We also feel sorry for local box holders losing the convenience of an OC box. The Old Chatham PO is also an intricate part of a small community like Old Chatham. We would hate to lose our community's identity.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the OLD CHATHAM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain: